ANNUAL REPORT

1987

MELFORT-TISDALE HEALTH REGION NO. 11

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A MESSAGE FROM THE CHAIRMAN OF THE BOARD - 1987

ETTORE QUARONI

It is now about thirty years since the Melfort-Tisdale Health Region was organized. I believe the Health Region has been a tremendous asset to the community in public health services.

Once again at this time of year we look at our immediate past. Due to staff shortages and the uncertainty as to what was happening in senior levels of government, 1987 was a frustrating year for us as Board members.

We held district health representative meetings and also the Annual Meeting April 3rd, 1987. A seminar was held in the fall.

Dr. Heimann, Medical Health Officer, and myself as Board Chairperson attended the Regional Board Chairpersons' Meeting where we met with Stan Malach, Executive Director of Community Health Services Branch and George Loewen, Associate Deputy Minister. Several matters pertaining to public health were discussed (such as twinning, etc.).

It is my opinion that public health receives too small a percentage from the health dollar. Twinning which we thought was a serious problem, now seems to be a fact we will have to live with.

Our 1987 objective of "No Smoking in Public Places" had good results.

There has been some discussion concerning boundary changes, as for now there is nothing definite. It seems to be a continuing topic which will be carried into 1988.

We as regional board members take this opportunity to thank staff for outstanding services given to the health region in 1987. I, as Chairman of the Board, thank the municipal health representatives of the Board for attendance at meetings and support pertaining to the Health Region.

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REGIONAL BOARD OF HEALTH

DISTRICT NO.	TELEPHONE	NAME AND ADDRESS
1	752-3727	Mr. Ettore Quaroni Box 698 MELFORT, Sask., S0E 1A0
1	752-2677	Mr. Vance Nordquist Box 87 MELFORT, Sask., S0E 1A0
2	276-2304	Mrs. Linda French Box 88 LOVE, Sask., S0J 1P0
2	768-2614	Mr. Hedley Oldreive Box 477 Carrot River, Sask., S0E 0L0
3	889-2064	Mr. E. Litzenberger Box 102 MISTATIM, Sask., S0E 1B0
4	889-4208	Mr. Peter Foga Box 34 PRAIRIE RIVER, Sask., S0E 1J0
5	598-2013	Mr. Norbert Kunz Box 73 ANNAHEIM, Sask., S0K 0G0
5	367-2042	Mr. J. Hoeber Box 205 MIDDLE LAKE, Sask., S0K 2X0
6	338-2671	Mrs. Anna Prince Box 136 KUROKI, Sask., S0A 1Y0

1987 HEALTH COUNCILLORS

NAME	ADDRESS	REPRESENTING
HEALTH DISTRICT NO. 1		
Mr. Vance Nordquist	Box 87, Melfort	City of Melfort
Mr. Richard Friesen	Box 521, Kinistino	Town of Kinistino
Mrs. Nita Prodaehl	Box 325, Naicam	Town of Naicam
Mrs. Hazel Armstrong	Box 97, Star City	Town of Star City
Mr. Robert Mumby	St. Brieux	Village of St. Brieux
Mr. Ernest Armer	Weldon	Village of Weldon
-----	-----	Village of Valparaiso
Mr. Forrest Pederson	Box 447, Naicam	R.M. of Pleasantdale #398
Mr. Ettore Quaroni	Box 698, Melfort	R.M. of Lake Lenore #399
Mrs. Myrtle Dertell	Star City	R.M. of Star City #428
Mr. Alex Mudrik	Pathlow	R.M. of Flett Springs #429
Mr. James Conacher	Box 81, Fairy Glen	R.M. of Willow Creek #458
Mr. Walter Dupin	Box 4, Beatty	R.M. of Kinistino #459
HEALTH DISTRICT NO. 2		
Mr. Hedley Oldreive	Box 477, Carrot River	Town of Carrot River
Mrs. Marg Pfrimmer	Choiceland	Town of Choiceland
Mr. Harry Moore	Box 1776, Nipawin	Town of Nipawin
Mr. Martin Klassen	Aylsham	Village of Aylsham
Mrs. Marilyn Ens	Box 367, Codette	Village of Codette
Mrs. Linda French	Box 88, Love	Village of Love
Mr. Carl Berlin	Smeaton	Village of Smeaton
Mr. Vern Gabriel	Box 1479, Nipawin	Village of Tobin Lake
Mrs. Doris Grieves	Box 103, White Fox	Village of White Fox
Mr. Peter Rudy	Box 967, Carrot River	R.M. of Moose Range #486
Mr. Martin Neufeld	Box 46, Gronlid	R.M. of Nipawin #487
Ms. Jane Lidster	Box 415, White Fox	R.M. of Torch River #488
HEALTH DISTRICT NO. 3		
Ms. Patricia Hackett	Arborfield	Town of Arborfield
Mr. Merv T. Vey	Box 1090, Tisdale	Town of Tisdale
Mr. Harvey Butler	Archerwill	Village of Archerwill
Mr. Verne Moen	Box 27, Bjorkdale	Village of Bjorkdale

Mr. Ernest Litzenberger	Box 102, Mistatim	Village of Mistatim
Mrs. Patricia Fitkowski	Box 83, Ridgedale	Village of Ridgedale
-----	-----	Village of Zenon Park
Mr. Andrew Taphorn	Box 44, McKague	R.M. of Barrier Valley #397
Mr. Lyle Yager	Box 62, Crooked River	R.M. of Bjorkdale #426
Mr. Paul Kuny	Box 1149, Tisdale	R.M. of Tisdale #427
Ms. Katherine Bradshaw	Arborfield	R.M. of Arborfield #456
Mrs. Kathy Reed	Box 1658, Tisdale	R.M. of Connaught #457

HEALTH DISTRICT NO. 4

Mr. Albert Bennett	Box 206, Hudson Bay	Town of Hudson Bay
Mr. Barry Warsylewicz	Porcupine Plain	Town of Porcupine Plain
Mrs. Olga Smith	Box 38, Carragana	Village of Carragana
Mr. James Wallace	Box 114, Weekes	Village of Weekes
Mr. Albert Espenant	Box 946, Hudson Bay	R.M. of Hudson Bay #394
Mr. Peter Foga	Box 34, Prairie River	R.M. of Porcupine Plain #395

HEALTH DISTRICT NO. 5

Mr. Grant Hoffman	Box 561, Humboldt	Town of Humboldt
Mr. Jake Bendel	Box 2, Leroy	Town of Leroy
Mr. Norbert Kunz	Box 73, Annaheim	Village of Annaheim
-----	-----	Village of Englefeld
-----	-----	Village of Lake Lenore
Mrs. Barbara Pomedli	Box 178, Middle Lake	Village of Middle Lake
Mr. Eugene Bergerman	Muenster	Village of Muenster
Mr. Duane Bauer	Pilger	Village of Pilger
Mr. Ed Messaros	Box 73, St. Benedict	Village of St. Benedict
Mr. Albert Hogemann	Box 101, St. Gregor	Village of St. Gregor
Mr. Carl Hogeman	Box 174, Leroy	R.M. of Leroy #339
Mr. Cyril Hale	Box 425, Humboldt	R.M. of Wolverine #340
Mr. Francis Ehalt	Box 93, Annaheim	R.M. of St. Peter #369
Mr. Tony Reineke	Carmel	R.M. of Humboldt #370
Mr. Carl Grundmann	Box 86, St. Brieux	R.M. of Three Lakes #400

HEALTH DISTRICT NO. 6

Mr. Lorne Bates	Box 669, Kelvington	Town of Kelvington
-----	-----	Town of Rose Valley
Mr. Perry Banadyga	Box 190, Wadena	Town of Wadena

Mrs. Dorothy Miller	Box 69, Watson	Town of Watson
Mr. Andrew Lysyshin	Box 160, Fosston	Village of Fosston
Mr. Bud Johns	Box 72, Margo	Village of Margo
Ms. Kim Heide	Box 190, Quill Lake	Village of Quill Lake
Mrs. Kathy Johnson	Box 132, Spalding	Village of Spalding
Mrs. Anna Prince	Box 136, Kuroki	R.M. Sasman #336
Mr. Alvin Lazar	Wadena	R.M. of Lakeview #337
Mr. J. Duguid	Box 85, Quill Lake	R.M. of Lakeside #338
Mr. Tim Leurer	Box 519, Kelvington	R.M. of Kelvington #366
Mr. Douglas Muir	Box 308, Rose Valley	R.M. of Ponass Lake #367
Mr. R.J. McPherson	Box 10, Spalding	R.M. of Spalding #368

REGIONAL DIRECTOR AND MEDICAL HEALTH OFFICER'S REPORT - 1987

- DR. G. ALLEN HEIMANN

This is my second report as Medical Health Officer and Regional Director and the first report which encompasses a full year.

1987 was a year in which there were many staff changes and with them the loss of some permanent positions. While some aspects of certain programs may be reduced, our overall public health program is still intact and still staffed with competent and dedicated personnel.

The Dental Health Education program was introduced during the year and its accomplishments are well described in the program report.

The Health Region was fortunate not to suffer any major outbreaks of communicable disease during the year. The statistics do note an increase in the number of reported cases of giardiasis, a gastro-intestinal infection caused by a water borne parasite giardia lamblia. Several investigations were done during the year into selected reported cases and, while the number of reported cases is up, no common source has yet be identified. My staff and I will continue to focus on this particular organism during the coming year.

The big interest in communicable diseases this year, of course, was Acquired Immune Deficiency Syndrome (AIDS). In the fall of 1987, work was begun on the organization of the AIDS Speaker's Bureau and the AIDS Educational Program. The coming year will see a major information and education program throughout the whole province which will be designed to promote understanding of the way the virus causing AIDS is transmitted and the steps which persons can take to reduce their risk. With this disease still in its early stages in the province, now is the time to increase public awareness of AIDS.

As can be seen by the statistics on years of potential life lost, non-communicable diseases are still very much with us. While no one in the Health Region has yet died of AIDS many years of life have been lost to such preventable diseases as Ischaemic heart disease and cancer of the lung. Even more years of life were lost to accidents. While residents of the Health Region are rightfully concerned about AIDS, we should be no less concerned about other diseases and conditions which are more easily prevented.

The non-smoking initiatives which were begun by the Regional Board in 1987 will continue into 1988. The members of the

Regional Board with the assistance of health councellors will continue to promote non-smoking in public areas.

The Regional Board of Health continues to meet regularly and I am grateful for their advice and assistance. The Regional Board members and Municipal Health Representatives met in the spring for their annual meeting and in the fall for the yearly in-service.

In conclusion then, I would like to reassure the community that our public health program throughout the Region is active and will continue to be so. My staff and I look forward to working with you.

VITAL STATISTICS

	1985	1986	1987
POPULATION	70,993	74,059**	69,319
BIRTHS	1,123	1,047	1,017
Unmarried Mothers	184	170	166
INFANT DEATHS (Including Natives)			
0-12 Months	9	10	7
Under 28 Days	4	4	4
Infant Mortality Rate/1000	8.01	9.55	6.88
Still Births	6	7	1
Neonatal Mortality Rate/1000	--	3.82	4.91
TOTAL DEATHS	698	632	674
Crude Death Rate/1000	9.8	8.5	9.7

**Includes Registered Native Indians

COMMUNICABLE DISEASE STATISTICS

	1985	1986	1987
Chalamydia	--	21	45
Measles	--	60	7
Food Intoxication	8	--	--
Gastro-Enteritis - Viral	--	--	2
- Bacterial	--	26	30
Shigellosis - Unspecified	6	57	26
Hepatitis - A	97	5	9
Hepatitis - B	3	4	1
Meningitis - Bacterial	4	2	--
- Viral	7	--	1
Pertussis	--	--	--
Rubella	--	--	--
Salmonellosis	22	50	28
Tuberculosis (pulmonary)	8	1	2
Sexually Transmitted Diseases			
- Gonorrhea	20	29	39
- Syphillis	--	--	--
Giardiasis	15	9	47

COMMON CAUSES OF DEATH 1987 STATISTICS

001-139	I.	Infectious and parasitic diseases	4
140-239	II.	Neoplasms	187
240-279	III.	Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	25
280-289	IV.	Diseases of Blood and Blood-Forming Organs	2
290-319	V.	Mental Disorders	5
320-389	VI.	Diseases of the Nervous System and Sense Organs	8
390-459	VII.	Diseases of the Heart and Circulatory System	278
460-519	VIII.	Diseases of the Respiratory System	72
520-579	IX.	Diseases of the Digestive System	25
580-629	X.	Diseases of the Genitourinary System	7
630-676	XI.	Complications of Pregnancy, Childbirth and the Puerperium	--
680-709	XII.	Diseases of the Skin and Subcutaneous Tissue	--
710-739	XIII.	Diseases of the Musculoskeletal System and Connective Tissue	3
740-759	XIV.	Congenital Anomalies	2
760-779	XV.	Certain Conditions Originating in the Perinatal Period	4
780-799	XVI.	Symptoms, Signs and Ill-Defined Conditions	3
800-	XVII.	Injury and Poisoning	49

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 70 BY PERSONS RESIDENT IN MELFORT-TISDALE HEALTH REGION IN 1987

CAUSES	POTENTIAL YEARS LOST * 1985	1986	1987
Injury and Poisoning	1351	1545	1364
Malignant Neoplasms			
Cancer of the lung	149	180	158
Cancer of female breast	89	80	155
Cancer of colon	34	36	194
Other cancers	508	374	486
Circulatory System			
Ischaemic heart disease	239	435	338
Other causes	111	205	270
Other Causes			
Deaths close to birth	280	125	280
Congenital Anomalies	---	93	140
Miscellaneous	669	328	360
ALL CAUSES	3430	4238	3745

* Calculated from death notification data provided by the Division of Vital Statistics

COVERED POPULATION AS AT JUNE 30, 1987
BY AGE, GROUP, AND SEX

AGE	M	F	T
1	623	431	1054
1- 4	2125	1947	4072
5-14	5574	5161	10735
15-24	5780	5026	10806
25-34	5040	4631	9671
35-44	4124	3847	7971
45-54	3371	3152	6523
55-64	3497	3505	7002
64-74	3099	3338	6437
75- +	2385	2663	5048
TOTALS	35 618	33 701	69 319

PUBLIC HEALTH NURSING REPORT - 1987

- DIANE JOHNSTON

1987 was another eventful year for Public Health Nurses in Health Region #11. Changes in some programs, reassessment of others and redistribution of Public Health Nursing districts kept life in an unsettled state for many of the nurses.

There were 3 maternity leaves during the year, 1 of which was filled by a temporary appointment and 2 of which were partially filled (40% to 90% coverage). Jean Morrison, P.H.N. I, Melfort was away on education leave for the year with her position being filled by Myrna Mann on a temporary basis.

The most difficult adjustment for P.H.N.s within the Health Region has been redistribution of Public Health Nursing districts. Three Public Health Nursing positions have been lost within the past 3 years. In September, 1987 a Hudson Bay P.H.N. position was lost to the Health Region when Donna Szeman-Wolitski transferred to the Saskatoon Rural Health Region. The remaining P.H.N.s have accepted the necessary increase in the size of their nursing districts.

Beginning September, 1987 we were required to decrease Public Health Nursing staff Conferences from 12 to 6/year. This has resulted in curtailing of program information sharing and education opportunities for P.H.N.s.

September, 1987 S. Malach, Executive Director, C.H.S.B., advised us that as of January 1, 1988 Public Health Nurses would no longer be required to wear a uniform. The Public Health Nurses as a whole were delighted with the decision.

For the month of June, 7 University of Saskatchewan student nurses received their Public Health Nursing experience in Melfort-Tisdale Health Region. They were based in 3 offices; Humboldt, Tisdale and Melfort. As well, 2 externs spent some time observing P.H.N.s at work.

Data regarding the Vision Screening Program was sent by every Health Region to Regina where it was compiled centrally. A report 1986 Vision Screening Program Results was made available April, 1987 to those concerned with the program. The P.H.N.s in H.R. #11 are to be commended, as they screened 86% of the eligible population. A Vision Screening Review Committee has been appointed to assess

the results and make any recommendations for change.

The Denver Developmental Screening Test (DDST) conducted by P.H.N.s at CHC is currently being evaluated. Prior to the beginning of the evaluation, all P.N.H.s in the Health Region were tested for their proficiency in conducting the DDST and were judged proficient.

In August the Health Region assumed responsibility for administering the respiratory program which was formerly administered by SAIL. P.H.N.s deliver the oxygen (O_2) equipment and provide the necessary teaching about the use of O_2 to people for whom it has been prescribed.

Prenatal classes taught by P.H.N.s throughout the province seemed at times through the year to have an uncertain future. However, the decision was made to continue with the classes much to the relief of P.H.N.s. This component of the Public Health Nursing program is in high demand by both expectant parents and their doctors.

In a number of communities P.H.N.s have held meetings with local physicians and hospital nurses to discuss topics of mutual interest and concern i.e. prenatal class content. The P.H.N.s have appreciated the opportunity for exchange with these colleagues.

The occurence of child abuse has increasingly come to the attention of Public Health Nurses. In 1986 a Child Abuse Protocol was established for use by P.H.N.s in their work with children and parents. This will be helpful in identifying children who are being abused and in providing the necessary follow-up.

AIDS has been recognized as a major Public Health problem. Public Health Nurses will be serving as resource people to schools who request their assistance with AIDS education.

The Public Health Nurses in H.R. #11 have again demonstrated their ability to adapt to change. They are to be commended for continuing to provide quality service in uncertain times.

1987 ANNUAL REPORT NURSING STATISTICS

	1983	1984	1985	1986	1987
NURSING DAYS	3518	3225	3060	3230	3248
PRENATAL CLASSES					
CLASSES HELD	191	175	145	176	170
NUMBER OF PREGNANT WOMEN ATTENDING	360	360	397	416	371
CHILD HEALTH CONFERENCES (CHCS)					
INFANT AND PRESCHOOL CHC ATTENDANCE	6925	7318	6993	7579	6686
SCHOOL HEALTH PROGRAM					
SCHOOL ENROLLMENT		14843	14586	14343	14203
STUDENTS SEEN	7555	4668	4646	3676	3141
HOME VISITS					
PRENATAL	485	402	313	243	204
POSTNATAL	954	961	864	832	711
OTHER	2067	2317	1533	1486	1218

PUBLIC HEALTH
INSPECTION REPORT
-1987

STAFFING

The present inspectional field staff consists of three people.

Doug Terry and Bill Tyckon are headquartered in the Melfort office, Bryce Graham is headquartered in the Nipawin office.

The Wadena district as well as the Humboldt area PHI positions remain vacant.

This past May has seen the retirement of Public Health Inspector, Dick Tataryn of the Humboldt district office and Senior Public Health Inspector, Bill Koroluk. These retirements depleted the staff complement for the major months of 1987.

The Senior Public Health Inspector's position was filled on a half-time basis by the appointment on December 1, 1987 of Chuck Shaw. This position is shared with the Prince Albert Health Region.

PROGRAM REVIEW

A review of the program indicated that the inspection of all facilities requiring a license or a permit to operate were conducted prior to their expiration.

The staff are to be commended for their efforts to achieve this end.

The regional work guide was followed. Some facilities such as barber shops, beauty salons, food stores, public halls and schools were not inspected unless on the basis of a complaint or new construction.

Educational courses such as the NSTP foodhandlers course and swimming pool operators course were again offered to the public and were well utilized. The "Think Clean" program is new and is being well received in the district institutions.

The "Jamieson" testing program was again implemented and still proves to be a good educational tool.

Demand services such as complaint investigations, plumbing inspections, shoreline assessment requests and approval of sewage disposal systems dictated the coverage of all the districts.

Again I would like to thank the Inspectional staff for their diligence and co-operation in the past year. Given the where-with-all, I am sure they will in 1988 continue to provide a valuable service to the public.

Please find attached the computerized PHIIS Regional Activity Report for the past year.

ENVIRONMENTAL HEALTH STATISTICS

GENERAL SERVICES	NUMBER OF HOURS	
	1987	%
Travel	804	19
Meetings	97	2
Surveys	15	0
Monitoring	4	0
Training Courses	117	3
Other	22	1
Total General Services	1059	25

OFFICE SERVICES	NUMBER OF HOURS	
	1987	%
Projects	0	0
Staff Meetings	124	3
Staff Development	94	2
General Administration	898	21
Total Office Services	1116	26

ENVIRONMENTAL HEALTH STATISTICS

TOTAL NUMBER OF HOURS SPENT
1987

FACILITY OR SERVICE	VISITS	CONSULTATIONS	INSPECT-IONS	TOTALS	%
Eating Establishments	98	102	88	288	7
Food Distribution	20	15	2	37	1
Food Processing	12	26	24	62	1
Liquor Outlets	20	25	36	81	2
Communal Water System	10	12	0	22	1
Private Water Supply	7	48	0	55	1
Public Water Supply	12	15	0	27	1
Communal Sewerage Systems	7	12	0	19	0
Private Sewerage Systems	79	83	0	162	4
Public Sewerage Systems	9	7	0	16	0
Solid Waste Disposal	5	11	0	16	0
Liquid Waste Disposal	86	48	0	134	3
Hospitals	8	4	0	12	0
Schools	10	15	0	25	1
Institutions	3	8	18	29	1
Housing	40	54	0	94	2
Mobile Home Parks	11	15	10	36	1
Trailer Courts	1	2	0	3	0
Hotels	11	3	34	48	1
Motels	7	6	20	33	1
Industrial Facilities	2	0	0	2	0
Swimming Pools	61	67	27	155	4
Agricultural Facilities	12	12	0	24	1
Personal Service Facilities	1	4	1	6	0
Recreational Facilities	67	48	45	160	4
Public Facilities	16	16	0	32	1
Plumbing	240	168	0	408	10
Investigations	41	61	0	102	2
Total Facilities/Services	896	887	305	2088	49

SPEECH - LANGUAGE PATHOLOGIST'S REPORT - 1987

The Speech Language Pathology program continued its emphasis on the early identification of and intervention in communication disorders. The target population shifted even further to the preschool population.

1987 has been a year of change in regards to personnel. Lyn Cook left the department in June. The position was vacant for 4½ months leaving the region without regular services until November when Cindy Johnson joined the staff. Some service was provided by the SLP's from Prince Albert CHSB #12.

A variety of services were provided throughout the year. These included assessments, individual and group therapy, consultative services, presentations to parents, support staff and various individuals in training programs. These services were spread throughout the region with casework receiving the majority of time. Third party programming has become very valuable with consultative services used to develop goals and procedures for individual cases as well as provide feedback.

Referrals for adult service continue to be received. Many adult services have been reduced as a result of staffing. However, communication groups for adults which were started in previous years continue to function with minimal input from an SLP. Initial assessments of adults who have had a stroke or other accidents resulting in a speech or language impairment are still being done. Assessment and follow-up is still provided for adults attending the CHSB intensive stuttering clinic each year.

A backlog began developing after the loss of our second SLP position and the extended vacancy. This was a uniform problem throughout the province. To assist SLP's in caseload management two priority rating systems were developed. One scale pertains to children, the other to adults. A checklist is used to determine where each new assessment falls on the priority scale. It includes the factors of severity, psychosocial factors and prognosis. This system will be evaluated and revised as necessary.

The Communication Screen is still in the process of evaluation. Fifty one referrals were received as a result of the Communication Screen this year.

Contact with the North East Early Childhood Intervention Program (NEECIP) remains consistent. Admission and review committee meetings were attended when possible and consultation on individual children was frequent. The NEECIP program

provides third party programming which is becoming essential in this field.

The coming year promises to be very busy. It will be a huge task to overcome the backlog which presently exists. I am hoping to find time to provide some parent education classes and reinstate some group work to reach more of the population.

SLP STATISTICS

Source of Referral

PHN	- 88
ECP	- 3
Doctor	- 8
Parent	- 1
Other	- 13
	123

Number of Assessments Completed - 82

Reviews Completed - 54

Percentage of Caseload by Age Group

	December '85	December '86	December '87
Preschool	74%	83%	93%
School Age	10%	1.8%	2.3%
Adult	16%	15%	4.7%

Speech Pathology Activities by Category for 1987

Casework	65.6%
Travel	11.5%
Prof. Development	8.8%
Public Education	2.8%
Administration	14.6%

EARLY CHILDHOOD

PSYCHOLOGIST'S REPORT

- 1987

- RUPAL BONLI

The 1987 calendar year was an extremely challenging and rewarding one for myself. A record number of referrals (136) were received and over three hundred direct services were provided to children in the region.

Perhaps the most significant change in early childhood services over the prior year was the frequency of clinics held in the Nipawin, Humboldt, Tisdale, Hudson Bay and to a lesser extent, in the Wadena district offices. Several meetings were conducted within the branch as well as with representatives from the Departments of Education and Social Services. Involvement with the North-East Early Childhood Intervention Program (NEECIP) Admissions and Review Committee and the NEECIP Board increased the early childhood psychologist's involvement with the 25 families on the program as well as with the community as a whole.

Serious efforts were made in 1987 to provide public education services of a preventive nature through public and interagency contacts. A five session parenting class sponsored by Social Services was offered by myself to a group of single mothers and several presentations on child growth and development were made to Home Care students, parent groups throughout the region and daycare staffs. As a final wrap-up of services to the region, a presentation on "How To Talk So Kids Will Listen and How to Listen So Kids Will Talk" was made to public health nurses at the December staff conference.

Inservice opportunities during the year were limited to a two day workshop presented by the Council for Exceptional Children in Yorkton and a DISC workshop sponsored by the Saskatchewan Association for Mental Regardation in Prince Albert. In addition, as part of initial orientation, time was spent in both the Yorkton and Moose Jaw health regions and at the Alvin Buckwold Center and McNeil Clinic in Saskatoon.

In retrospect, the past year is one that I will never forget. Not only did I embark on a tremendously challenging career, but I was given the opportunity to do so in an atmosphere of warmth, caring and friendship. I will truly miss all of the staff in the Melfort-Tisdale Health Region.

EARLY CHILDHOOD PSYCHOLOGY STATISTICS

JANUARY 1, 1987 - DECEMBER 31, 1987

WORK REPORT	AVERAGE % TIME SPENT
Casework	52
Consultation	11
Public Education	8
Research	4
In-service	3
Professional Updating	3
Travel	12
Administration	7
TOTAL	100

CASE WORK SUMMARY

A. Presenting Problem

DDST Screening	28
Other Developmental	33
Behavioral	52
Multiple	23
TOTAL	136

B. Referral Sources

PHN	86
SLP	17
Other CHSB	0
Parent/Guardian	11
Other (Daycare, ECIP, Social Services- Physicians)	22
TOTAL NO. OF NEW REFERRALS	136

PUBLIC EDUCATION

No. of Public Education Sessions	11
No. of Participants Involved	121

CHIROPODY

REPORT - 1987

- DR. VINCENT JONES

Dr. Vincent Jones and his assistant continue to be busy at all four clinics.

Two days per month were spent at the satellite clinics in Tisdale, Nipawin and Humboldt.

If the clinics fell during annual leave, etc. then they were re-scheduled so that there was no month when Chiropody was not available.

New patients are still arriving on a par with previous years. There were 658 new patients in 1987 compared to 671 new patients in 1986.

Present caseloads are:

Melfort:	1341
Nipawin:	402
Humboldt	423
Tisdale	355

Total treatments given in 1987 was 3,129.

With open booking systems and allowing times each week to see new patients, we have no waiting list as such. However, if the work continues to increase at present rate, then it will be increasingly difficult to avoid a waiting list.

The pressure of the workload has been helped by some regions setting up "Nail cutting" services to deal with ordinary "non-risk" nail cutting.

A total of twelve Educational/Awareness Presentations have been given.
(See Index)

Obtained dental chairs for Satellite Clinics which makes it easier for patients.

C A S E L O A D S

	December, 1986	December, 1987	New Patients
Melfort	990	1341	351
Tisdale	261	355	94
Humboldt	332	423	91
Nipawin	280	402	122
Patients seen since Program Began		2521	
New Patients seen in 1987			658

NAME CATEGORIES - LINELISTING

(1) Medically At Risk Elderly
(2) Medically at Risk General Population
(3) Well Elderly
(4) General Population Not Medically At Risk

	Category (1)	Category (2)	Category (3)	Category (4)
Nipawin	61	19	98	198
Melfort	245	44	289	371
Tisdale	74	14	94	160
Humboldt	86	27	115	176
Nipawin	61	18	98	198
Totals	527	122	694	1103

REFERRAL SOURCE

	Public Health Nurse	General Practitioner	Chiropodist	Home Care
Nipawin	62	59		1
Tisdale	45	48		1
Humboldt	49	32	2	3
Melfort	43	307	4	6

T R E A T M E N T S

Melfort	1939
Humboldt	333
Tisdale	463
Nipawin	359
Total Treatments =	3129

Educational Awareness Instruction Given As Follows:

Nurses' Day - Melfort Mall
Humboldt Home Care
Porcupine Plain
Carrot River Pasquia Care
Parkland Regional Care Home
Nipawin Hospital
Nirvana
Bethany Pioneer Village - Middle Lake
St. Brieux Senior Citizens
Parkland Regional Care Home

Inservice to trainee nurses and observations held in clinic.

Interns each spent a day observing in clinic.

COMMUNITY THERAPIST'S REPORT - 1987

- ELAINE WIRTZ

During the year I had a total of 856 Clinic visits, 145 hospital visits and 82 visits to clients in homes or schools.

I participated as a facilitator/ teacher in three major workshops; one in Foam Lake, one for Camp Easter Seal workers and the recent "Stella" satellite workshop held in Tisdale. The topic for all the workshops was transfers and lifts for caregivers.

I participated in a "Health Fair" at Foam Lake where I sponsored a booth. It was a lot of work in preparation since our program has nothing in the way of printed resources for us to access but it was a worthwhile endeavor. The topic I chose to present was posture and how physiotherapy relates to this. Directly related to this I received an invitation to speak to the Foam Lake T.O.P.S. Club. Also I spoke to the Foam Lake Interagency Group in the fall.

I have done several consultations in Home Care with several clients to assist the Home Care workers in caring for their clients. Often this relates to specific lifting techniques since they have little training in this regard.

I provide consultative service on a continuing basis to two school programs for children with multiple disabilities.

Many times I am asked for my opinion on specific care techniques for clients in health care settings. Many of these people are not directly treated, therefore do not necessarily show up in the statistics on client visits, however, their care is affected by the presence of the therapy program.

I continue to provide service to two communities on a weekly basis, two communities on a three days per month basis, two communities on a one day per month basis and one community, one day per three month basis.

I think that one of the most valuable aspects of our service in the community is to indirectly provide care through education of caregivers. Hospitals and Special Care Homes are increasingly finding themselves with clients requiring substantial care. We can help to ensure the physical care they provide is adequate and appropriate to the needs. Schools as well are intigrating multiply handicapped children and require resource people in their communities to deal with the varied needs of these children. We help by interpreting, advising and/or designing programs to help deal with the physical handicaps of these children. This helps ensure the child's development progresses to the highest attainable level.

DENTAL HEALTH

EDUCATOR'S REPORT - 1987

The Dental Health Education Program is the most recent component of the Community based health care services delivered by Saskatchewan Health. Although the public may be aware of the need for proper oral hygiene, educational assistance needs to be provided. The objectives of the program are to demonstrate proper technique and to promote personal responsibility towards a better dental health.

The program is delivered by nineteen Dental Health Educators who have expertise in oral health. There are two Dental Health Educators in the Melfort-Tisdale Health Region.

Myrna Ruthven is based in Humboldt. She provides services for Humboldt town, Humboldt rural, Wadena, Wakaw and Lanigan School Divisions.

Cheryl Adams is based in Melfort. She provides services for Hudson Bay, Nipawin, Tisdale, Tiger Lily, Kinistino and Melfort School Divisions.

The Educators work primarily in the school systems. The Dental Health Educator will endeavor to talk to all kindergarten and grades 1, 3 and 4 students in the 1987-88 school year. The Dental Health Educator will do a second presentation within the school year to kindergarten and grade 1 students. She would discuss plague, promote personal responsibility for daily plaque removal, demonstrate the brushing and flossing skills necessary for daily plaque removal, the process of tooth loss followed by eruption of permanent teeth and discuss the role of high sugar food in promoting plaque development.

The second presentation done to kindergarten and grade 1 will be to enforce proper nutrition, promote the idea of choosing non sugar snack foods and to reinforce brushing and flossing skills. Toothbrushes, floss samples, handouts on oral hygiene instruction are left with participating students. Resource materials are provided for the teachers.

The Dental Health Educators are also responsible for maintaining any existing fluoride mouthrinse programs and to assist in the implementation of any new programs. Schools considered at high risk of dental caries are encouraged to participate in the program. The weekly rinse program can prevent the incidence of the dental decay by 20 to 40%. Ninety schools in the province now conduct the program with the assistance of volunteers. Eighteen of these schools are in the Melfort-Tisdale Health Region.

The Dental Health Educator also provides a pre-school dental health kit which is available for all daycare and pre-school programs upon request. She will also make herself available for presentations to PTA and other interested groups.

MELFORT-TISDALE HEALTH REGION STAFF

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COOK, Lyn - Speech-Language Pathologist
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JOHNSTON, Diane - Regional Nursing Supervisor
JONES, Carol - Dental Health Educator
JONES, Dr. Vincent - Chiropodist
KAIP, Wanda - Clerk-Typist II
KOROLUK, Bill - Senior Public Health Inspector
JANMOHAMED, Naseem - Nutritionist
MANN, Myrna - Public Health Nurse I
MILLER, Irene - Clerk-Steno II
SELNES, Sharon - Public Health Nurse I
STREETON, Pat - Public Health Nurse I
TERRY, Doug - Public Health Inspector II
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SILZER, Yvonne - Public Health Nurse I
WIRTZ, Elaine - Community Therapist